

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: <u>12 MAY 05</u>		2 Serial/Patent # <u>10/517,050</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 40%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 20%;">6 AMOUNT</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block;">\$ <u>160<sup>00</sup></u></div>		
<input checked="" type="checkbox"/>	Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT																																																	
<input type="checkbox"/>	Amendment			\$																																																	
<input type="checkbox"/>	Extension of Time			\$																																																	
<input type="checkbox"/>	Notice of Appeal/Appeal			\$																																																	
<input type="checkbox"/>	Petition			\$																																																	
<input type="checkbox"/>	Issue			\$																																																	
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$																																																	
<input type="checkbox"/>	Maintenance			\$																																																	
<input type="checkbox"/>	Assignment			\$																																																	
<input type="checkbox"/>	Other			\$																																																	
10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 40%;">Overpayment</td></tr> <tr><td><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> Treasury Check  <input checked="" type="checkbox"/> Credit Deposit A/C #:  <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 <span style="border: 1px solid black; padding: 0 5px;">2</span><span style="border: 1px solid black; padding: 0 5px;">3</span>--<span style="border: 1px solid black; padding: 0 5px;">2</span><span style="border: 1px solid black; padding: 0 5px;">1</span><span style="border: 1px solid black; padding: 0 5px;">8</span><span style="border: 1px solid black; padding: 0 5px;">5</span> </div> </div>																																													
<input checked="" type="checkbox"/>	Overpayment																																																				
<input type="checkbox"/>	Duplicate Payment																																																				
<input type="checkbox"/>	No Fee Due (Explanation):																																																				
11 REFUND REQUESTED BY:																																																					
TYPED/PRINTED NAME: <u>Anita Johnson</u>		TITLE: <u>Paralegal</u>																																																			
SIGNATURE: <u>Anita Johnson</u>		PHONE: <u>308-9140</u>																																																			
OFFICE: <u>DO/E0</u>																																																					
*****																																																					
THIS SPACE RESERVED FOR FINANCE USE ONLY:																																																					
APPROVED: _____		DATE: _____																																																			

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*